

## GENERAL RELIEF HOUSING SUBSIDY AND CASE MANAGEMENT PROJECT MOVE-IN-ASSISTANCE FUNDS REQUEST FORM

**INSTRUCTIONS:** Section I, II, III, IV, V, and VI must be completed for any necessary move-in expenses paid PRIOR to the resident moving in. Information reported on this form is subject to verification. **ALL APPROVED MOVE-IN ASSISTANCE FUNDS WILL BE PAID DIRECTLY TO EACH VENDOR.**

**CASE NAME:** \_\_\_\_\_ **CASE NUMBER:** \_\_\_\_\_

**GR HOUSING CASE MANAGER'S NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**I. HOUSING:** (Completed by Landlord/Property Owner)

A. Name of Renter: \_\_\_\_\_

B. Move in Date: \_\_\_\_\_

C. Address: \_\_\_\_\_

D. Property Owner's Legal Name: \_\_\_\_\_

Property Owner's Legal Address: \_\_\_\_\_

Property Owner's Telephone Number: \_\_\_\_\_

E. Monthly Rent Amount: \_\_\_\_\_

F. Rent includes:

Electricity ☐ YES ☐ NO

Gas ☐ YES ☐ NO

Water ☐ YES ☐ NO

G. Apartment/rental includes the following:

Stove: ☐ YES ☐ NO

Refrigerator: ☐ YES ☐ NO

**II. MOVE-IN COSTS:** (Completed by Landlord/Legal Authorized Representative [Property Owner])

A. Security deposit required: ☐ YES ☐ NO

If YES, indicate amount \$ \_\_\_\_\_

B. Specify other move-in costs below:

1. \_\_\_\_\_ Amount \$ \_\_\_\_\_

2. \_\_\_\_\_ Amount \$ \_\_\_\_\_

C. Required miscellaneous expenses: ☐ YES ☐ NO

If YES, indicate item: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Landlord/Legal Authorized Representative (Property Manager) \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number and Fax Number of Landlord/Legal Authorized Representative (Property Manager) \_\_\_\_\_

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## III. UTILITIES: (Completed by the Participant when utilities are not included in the rent)

- A. Electricity at this address provided by \_\_\_\_\_ Deposit to turn electricity on is \$ \_\_\_\_\_  
(Utility Company)
- B. Gas at this address provided by \_\_\_\_\_ Deposit to turn gas on is \$ \_\_\_\_\_  
(Utility Company)
- C. Water at this address provided by \_\_\_\_\_ Deposit to turn water on is \$ \_\_\_\_\_  
(Utility Company)

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_ Date verified by GR HCM staff: \_\_\_\_\_

## IV. MOVING TRUCK RENTAL: (Completed by the Participant)

- A. Truck Rental Expense \_\_\_\_\_ Amount \$ \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Completed By: \_\_\_\_\_ Date: \_\_\_\_\_ Date verified by GR HCM staff: \_\_\_\_\_

## V. STORAGE FACILITY: (Completed by the Participant)

Amount \$ \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Completed By: \_\_\_\_\_ Date: \_\_\_\_\_ Date verified by GR HCM staff: \_\_\_\_\_

## VI. APPLIANCES: (Completed by the Participant)

Cost of Refrigerator \$ \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Date verified by GR HCM staff: \_\_\_\_\_  
Cost of Stove \$ \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Completed By: \_\_\_\_\_ Date: \_\_\_\_\_ Date verified by GR HCM staff: \_\_\_\_\_

## (COUNTY USE ONLY)

## VII. DETERMINATION:

- ☐ Information was verified on \_\_\_\_\_ and Move-In Assistance Funds are **approved**. Funds will be paid directly to each vendor.
- ☐ Approval notice dated \_\_\_\_\_ and provided to Participant.
- ☐ The vendor payment/s, a copy/ies of the approval notice/s and request for receipts mailed to each vendor on \_\_\_\_\_.
- ☐ Information **could not** be verified, and Move-In Assistance Funds **cannot** be approved.
- ☐ Ineligible notice dated \_\_\_\_\_ and provided to Participant.

\_\_\_\_\_  
GR HCM's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
GSS's/SSS's Signature

\_\_\_\_\_  
Date